

CALIFORNIA ALCOHOL AND DRUG DATA SYSTEM (CADDs)

INSTRUCTION MANUAL



Department of Alcohol and Drug Programs
September, 2004

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1 INTRODUCTION

This user manual contains step by step instructions on how to complete, update and submit California Alcohol and Drug Data System (CADDs) participant data to the Department of Alcohol and Drug Programs (ADP). It includes instructions for the three data collection and submission methods currently accepted by ADP:

1. **Hardcopy**;
2. **CADDsWeb system**, and
3. **Submitting batch files through ITWS** (Information Technology Web Service).

If you are viewing this instruction manual electronically, you can click on the **hyperlinks** to move about the document. The hyperlinks (text that is blue and underlined) will take you directly to the desired section of the manual.

Example: If you press the *Ctrl* key and click on the underlined text "[Completing a CADDs Admission Participant Record \(PR\)](#)", or on the grey highlighted page number, 41, you will be transferred directly to those sections within the document.

2 OVERVIEW OF CADDs DATA COLLECTION

CADDs was developed by ADP and implemented in July 1991. CADDs is a centralized alcohol and other drug (AOD) data collection system. Data collected through CADDs identifies the types of direct AOD treatment services provided and describes the population receiving those services. In conjunction with state and county fiscal systems, CADDs accounts for public funds administered by ADP used to support these services in California. National, state and local government agencies and the private sector access this information for planning, research and policy development.

Reporting participant data to CADDs involves collecting information each time a participant is enrolled for alcohol and other drug (AOD) treatment services at a reporting facility. Each participant's initial admission to the facility and any subsequent transfers or changes in service type are reported on a separate CADDs Participant Record Form (PR) or a substitute county designated data form. Facilities report additional data at the time of each participant's discharge or departure from services.

A. *Facilities that are included in CADDs*

Community AOD treatment service providers required to report data to CADDs are identified by the type of services provided in the facility and by the type of funds allocated to support those services. Provider facilities that provide the following services must report participant data to CADDs:

- Alcohol services that include non-residential recovery or treatment, detoxification, recovery homes, residential treatment.
 - Drug treatment services that include outpatient drug-free, day care, narcotic replacement therapy including methadone maintenance and LAAM, detoxification, residential, hospitals and all licensed methadone providers, whether publicly or privately funded.
- Facilities that receive funding from ADP for the services listed above must report data on all participants, regardless of the source of funding for individual participants.
 - Facilities that receive funding from their County for SACPA treatment services must report data on all participants.
 - Mental health centers and other facilities that occasionally serve participants who have a substance abuse problem may participate in CADDs if directed to do so by their County Drug or Alcohol Program Administrator.

- AOD treatment/recovery facilities that do not receive ADP funds and do not provide narcotic replacement therapy may participate with the approval of ADP or at the request of their County AOD Program Administrator.

B. Facilities that are not included in CADDS

- Facilities that provide AOD services other than those listed above, i.e., education and prevention activities or referral and crisis intervention;
- Drinking Driver Programs;
- Transitional Living, Sober Living Centers;
- Neighborhood Recovery Drop-In Centers.

C. Participants who are included in CADDS Reporting

A participant must meet all of the following criteria before a CADDS Participant Record Form is completed:

- Has completed all screening and admission procedures;
- Has an alcohol or drug-related problem, or is receiving services as a Codependent/Significant Other (see page 69 for a definition);
- Has been formally admitted to an alcohol/drug program facility for treatment or recovery services;
- Has his/her own participant or client file;
- Is expected to participate in an ongoing program according to an individual treatment or recovery plan and has given his/her consent for treatment, if applicable.

D. *Persons who are not included in CADDS Reporting*

Do not report data on CADDS for individuals to whom any of the following conditions apply:

- Has completed a screening and/or intake process and no action has been taken to admit the client;
- Has been placed on a waiting list and no action has been taken;
- Has received intervention or prevention services only;
- Has received crisis counseling services only;
- Has been admitted into a Drinking Driver Program and is not receiving any other AOD services;
- Is a program alumni who is continuing involvement with the program;
or
- Is attending self-help group meetings with no other AOD services.

E. *Provider's Responsibility*

- Submit admission and discharge forms by the required dates;
- Review and edit CADDS forms for accuracy and legibility before submission to ADP;
- Maintain an adequate supply of CADDS forms at the facility;
- Providers using CADDSWeb must print a blank CADDS form from the system and reproduce it as their supply;
- Request CADDS forms from your county office if your county uses their own forms;
- Assign one staff member as the CADDS liaison to ADP (with at least one backup contact) to assure timely submission of CADDS reports;
- Report changes within the program including facility name and/or address, director, CADDS liaison, or types of services provided, on a timely basis to their county and ADP.
- **Note:** For providers reporting directly to ADP via **hardcopy**, monthly CADDS admissions, discharges, and Provider Summary Reports

submitted to ADP must be **postmarked by the 7th of the month following the report month.** For example: July 2004 CADDS reports must be postmarked by August 7, 2004.

- The county determines submission timeframes for providers submitting CADDS data electronically through the county.
- For **CADDSWeb users**, data must be **keyed into the system by the 15th of the month following the report month.**

F. Participant Confidentiality

Providers must protect the confidentiality of participant records and information in accordance with Title 42, Section 2.1 -2.67(l), Code of Federal Regulations (CFR) and, when ADP funds are used, Health and Safety Code, Section 11812(c).

A copy of the Federal Regulations can be obtained from:

Superintendent of Documents
U. S. Government Printing Office
Washington, D.C. 20402

-OR- via the internet at:

<http://www.gpoaccess.gov/cfr/index.html>

For information about HIPAA Privacy Rules, see ADP's HIPAA Privacy Rule Resources page at <http://www.adp.ca.gov/hp/privacy.shtml>.

G. Getting Help

If you have questions or problems related to CADDS data collection and submission, please contact:

ADP's Automation Help Desk

1-877-517-3329

Available Monday-Friday
8:00 AM – 5:00 PM



3 METHODS OF COLLECTING AND/OR SUBMITTING CADDs DATA

Some providers fill out hardcopy CADDs forms and mail them to ADP each month, but most counties have data systems that gather the information for CADDs and transmit it to ADP electronically. ADP then edits the data and forwards excerpts to the national client data system. CADDs collects information about AOD services and the people who receive them. This information is crucial to justify and account for public funds. It is also used in a variety of studies and reports.

This section describes three collection and submission methods for CADDs data:

- Hardcopy;
- CADDsWeb; and
- Batch submissions through ITWS (Information Technology Web Service).

Instructions on how to “enroll” in CADDsWeb and ITWS are presented in [“Getting Started”](#), on page 11.

Detailed instructions on how to use each of these tools begins in Section 4 [“Completing a CADDs Admission Participant Record \(PR\)”](#), on page 41.

A. *Hardcopy*

Providers complete hardcopy (paper) CADDs Participant Record Forms and send them either directly to ADP or to their county. Hardcopy submissions must be postmarked by the 7th of the month following the report month.

Note: If you submit your forms to your county to be keyed into an automated system prior to sending the data to ADP, please contact your county for their due date.

B. *CADDsWeb*

CADDsWeb is a secure, automated system that allows users to collect and submit admission and discharge transactions via the web, making pre-printed forms unnecessary. CADDsWeb provides users with access to their CADDs transaction data for viewing, printing, updating and reporting.

You are eligible to use CADDSSWeb if:

- You do not use any other automated system to collect and submit CADDSS data; and
- You are a direct provider;
-OR-
- You are a county in which **all** your providers will use CADDSSWeb.

C. Batch Submissions through ITWS

ADP is working in partnership with the Department of Mental Health (DMH) to facilitate submission of CADDSS data using the DMH's Information Technology Web Service (ITWS). CADDSS data that is collected by an automated system (not CADDSSWeb) can be transmitted to ADP via the ITWS.

- This submission method is available only to counties and to direct providers.
- Please contact your assigned liaison for the CADDSS file record layout.

All functions are performed from DMH's ITWS web site at: <https://mhhitws.cahwnet.gov>. Once you have enrolled with ITWS, you will be able to:

- Upload (transfer data from your computer to DMH) CADDSS data;
- Download (transfer data from DMH to your computer) CADDSS data;

GETTING STARTED

[Return to Methods of Collecting and/or Submitting CADDS Data](#)

This section provides information on how to enroll in ITWS and on how to begin using CADDSWeb.

Getting Started with ITWS

To ensure the confidentiality of county/direct provider CADDS data, ADP requires that the County Alcohol and Drug Program Administrator or direct provider Executive Officer designate a primary and a secondary contact to be responsible for approving county, direct provider, and vendor staff requests for access to CADDS data. These individuals will be required to approve enrollment requests for access to the ADP data on the DMH ITWS.

Before you can begin using ITWS to submit CADDS data to ADP, the following steps must be completed:

| ACTION | RESULT/COMMENT |
|---|--|
| 1. Complete ADP County or Direct Provider Approver Certification form, Form ADP 100121. | <p>The forms are available on the DMH ITWS Web site, https://mhhitws.cahwnet.gov, by choosing the 'Support' menu button; logging onto the DMH ITWS is not required to access these forms.</p> <p>This form designates someone who will approve user requests for access to CADDS data.</p> |
| 2. Fax the completed form to: CADDS Administrator, ADP Data Management Section (916) 324-3021 (Fax) | <p>Note: If you experience any problems with the fax, please call the:</p> <p>Automation Help Desk: 1-877-517-3329</p> |
| 3. Complete Vendor Certification Request form with Confidentiality Statement, Form ADP 100120. | <p>Note: Form ADP 100121 must be on file with ADP before you fax Form 100120 to ADP.</p> |

| ACTION | RESULT/COMMENT |
|---|--|
| | This form authorizes vendor employee access to the ADP data on the DMH ITWS. |
| 4. Fax the completed form to: CADDS Administrator, ADP Data Management Section (916) 324-3021 (Fax) | Note: If you experience any problems with the fax, please call the: Automation Help Desk: 1-877-517-3329 |
| 5. Enroll in ITWS. | |

The paragraphs that follow describe the ITWS enrollment forms in greater detail.

1. **Form ADP 100121, County/Direct Provider Approver Certification with Confidentiality Statement.**

This form is for use by the County Alcohol and Drug Program Administrator or the direct provider's Executive Officer to designate the person (approver) who has the authority to approve users to have access to CADDS data. The form requests that two "approvers" and, if applicable, the county or direct provider's vendor be identified.

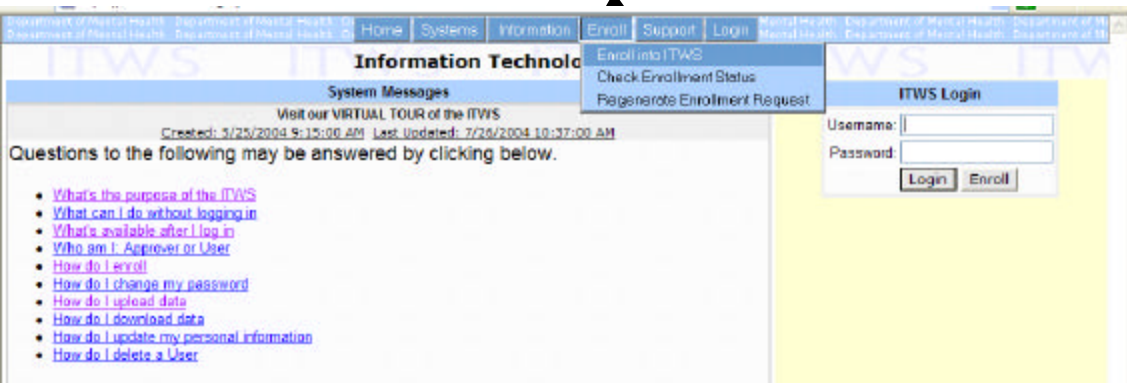
2. **Form ADP 100120, Vendor Approver Certification with Confidentiality Statement**

This form is for use by county and direct provider vendors to authorize vendor employee access to the ADP data on the DMH ITWS. (A vendor is a company contracted by the county to complete their data processing). This permits the vendor to manage its own employees' access to CADDS data without having to obtain permission from the county or direct provider on an individual-by-individual basis.

The vendor form is to be signed by an executive officer of the organization. The form requests that two vendor "approvers" be identified.


New User Enrollment for ITWS

Once the county or direct provider approver has been established, individuals who will use the CADDS data may enroll on the DMH ITWS and request access to the CADDS data.

| ACTION | RESULT/COMMENT |
|--|---|
| 1. Go to the DMH ITWS Web site at: https://mhitws.cahwnet.gov | The ITWS home page will appear. |
| 2. Click on Enroll from the menu bar, and then select Enroll into ITWS . | A description of the enrollment process will appear. |
|  <p>The screenshot shows the DMH ITWS website. The top navigation bar includes links for Home, Systems, Information, Enroll, Support, and Login. The 'Enroll' menu is open, showing options: Enroll into ITWS, Check Enrollment Status, and Regenerate Enrollment Request. The 'Enroll into ITWS' option is highlighted. Below the menu, there is a 'System Messages' section with a 'VIRTUAL TOUR of the ITWS' and a list of questions that can be answered by clicking on links. To the right, there is an 'ITWS Login' form with fields for Username and Password, and buttons for Login and Enroll.</p> | |
| 3. Read the screen information. | |
| 4. When you have completed reading the information, click the Next button at the bottom of the screen. | The User Enrollment page will appear. |
| 5. Complete the enrollment form. | |
| 6. Print the enrollment form. | |
| 7. Obtain signature of authorized approver. | |
| 8. Fax the completed form to DMH: (916) 654-3007 | The requestor will receive an e-mail response on the status of their request. |

Existing User Enrollment

Existing ITWS users (those who have enrolled with ITWS for another application) can request access to CADDS.

| ACTION | RESULT/COMMENT |
|---|---|
| <p>1. Go to the DMH ITWS Web site at: https://mhhitws.cahwnet.gov</p> | <p>The ITWS home page will appear.</p> |
| <p>2. Enter your user name and password, and click Login.</p> | <p>The Welcome/System Messages page will be displayed.</p> |
| <p>3. Click on Utilities from the menu bar, then select Request Additional Memberships.</p> | <p>The Request Additional Memberships page will be displayed.</p> |
|  | |
| <p>4. Select the desired Membership and System.</p> | |

Canceling ITWS User Access to ADP's Data

A certified approver can cancel an employee's access to CADDS data.

| ACTION | RESULT/COMMENT |
|--|--|
| 1. Complete ADP Form 100131, County/Direct Provider User Cancellation | The form is available at the DMH ITWS Web site https://mhhitws.cahwnet.gov . |
| 2. Complete the form. | |
| 3. Fax completed form to: ADP Data Management Section at (916) 324-3021. | Note: If you experience any problems with the fax, please call the: Automation Help Desk: 1-877-517-3329 |

Getting Started with CADDSSWeb

This section provides information on what is required to begin using CADDSSWeb, including descriptions of:

- Minimum system requirements;
- User ID and password setup;
- Login process;
- How to change your password;
- Site navigation;
- User profile;
- Searching records; and
- Reporting

Detailed instructions on how to use CADDSSWeb to process CADDSS participant records are contained in subsequent sections of this document:

- [CADDSSWeb Admissions](#), page 42;
- [CADDSSWeb Discharges](#), page 46;
- [CADDSSWeb Corrections](#), page 52; and
- [Delete an Admission and/or Discharge Transaction](#), page 53

Before you can begin using CADDSSWeb, you will need:

1. to contact your CADDSS liaison for information on CADDSSWeb;
2. to meet minimum system requirements;
3. to set up your user ID and password.

Once you have contacted your CADDSS liaison, you will first need to verify that your computer meets the minimum system requirements, then contact ADP Automation Help Desk (1-877-517-3329) to set up your user ID and password to access the CADDSSWeb system. These steps are outlined in the sections that follow.

Minimum System Requirements

To access the CADDSSWeb component, you must have:

- Internet access;
- Internet Explorer 6.0 or higher;
- 128-bit encryption enabled. This will give you a secure Internet connection.

User ID and Password Setup

ADP requires you to have a user name and password, which are provided to you by the ADP Help Desk through an application process. Use your user name and password to log on to the CADDSSWeb system. After you log on for the first time, the system will prompt you to change the password you use. As a security measure, passwords are set to expire after 90 days. If it has been 90 days or more since you set your password, you should expect to change to a new password.

All CADDSSWeb component users must have an individual User ID and password. To get a User ID and password, follow the steps outlined below.


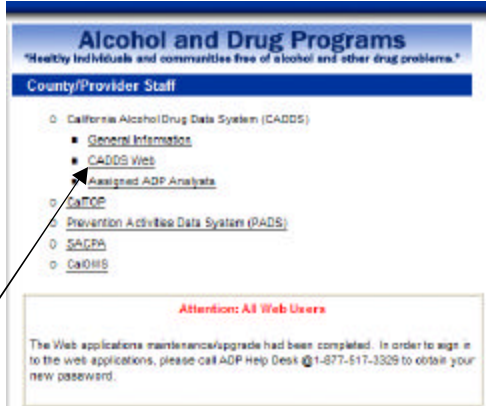
CADDsWeb User ID and Password Setup Instructions

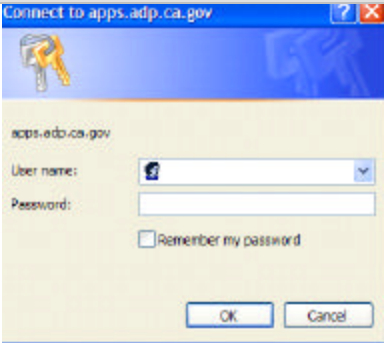

| ACTION | RESULT |
|--|--|
| 1. Go to http://www.adp.ca.gov/CADDs/main.shtml ; | |
| 2. Click on CADDs USER ID Request Form (will open in a separate Internet Explorer window) | |
| 3. Print and fill out the User Identification Request Form; | |
| 4. Fax the completed form to ADP at (916) 324-4524 (Fax) | <p>Upon approval, ADP will call you with your User ID and temporary password.</p> <p>At this time, ADP Help Desk staff will assist you with the login in process. The password they will give you is temporary and will only work one time. They will also walk you through the process to change your password.</p> <p>Note: If you experience difficulty faxing the form, please contact the Automation Help Desk at:</p> <p>1-877-517-3329</p> |

Note: User IDs and passwords are confidential and must be given by ADP to the user directly. ADP will not leave this information with your coworker or supervisor, nor will they leave it on your voice mail or e-mail.

CADDSWeb Login Process

To login to/start using CADDSWeb, follow the steps below:



| ACTION | RESULT |
|---|---|
| <p>1. To access the CADDSWeb component go to http://www.adp.ca.gov (the ADP homepage)</p> | |
|  | |
| <p>2. Click on the <u>CADDSWeb</u> link on the right navigation bar.</p> | <p>The County/Provider Staff page will be displayed.</p>  |
| <p>3. Then click on the <u>CADDSWeb</u> link.</p> | <p>The Login window will display:</p> |



| ACTION | RESULT |
|--|--|
| |  |
| <p>4. In the User Name field, enter the User ID that was given to you by ADP staff.</p> <p>Note: The User ID is case sensitive and is lowercase, no spaces.</p> | |
| <p>5. Enter your password; then click on the OK button.</p> | <p>This will take you into the CADDSTWeb component.</p> |
|  | |
| | <p>Note: If your password is expired or if you are using the temporary password given to you from ADP, you will be prompted to change it. Instructions on how to change your password are outlined in the section that follows.</p> |

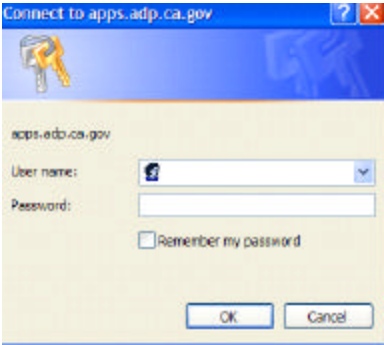
How to Change Your Password in CADDSWeb

Follow the steps outlined below if you:

- Have logged in to CADDSWeb for the first time using the temporary password assigned to you by ADP;
- Want to change your password; or
- Are prompted by the system to change your password.

| ACTION | RESULT |
|--|--|
| <p>1. If you would like to change your password, click on the Change Password link on the Navigation Bar.</p>  | <p>The following screen will display:</p>  |
| <p>2. Enter your User ID in the User Name field.</p> | |
| <p>3. Enter your old (current) password. If this is your first time logging in, enter the temporary password given to you by ADP.</p> | <p>Note: If you do not remember your old password:</p> <p>contact the Automation Help Desk at</p> <p>1-877-517-3329 or at</p> <p>CADDSWEB@adp.state.ca.us for assistance.</p> |
| <p>4. Create a new password and enter it in the New Password box.</p> <p>Password must be a minimum of six characters and cannot be a password you have ever used before for CADDS.</p> | |

| ACTION | RESULT |
|---|---|
| 5. Enter your newly created password again in the Confirm New Password box and click on the OK button. | If successful, you will receive a message that your password has been successfully changed. |
| 6. To complete the transaction, close your web browser, open it up again and login using your new password. | |
| 7. Open your web browser again to http://www.adp.ca.gov . | The ADP Home Page will appear. |
| 6. Click on the CADDSWeb link on the right navigation bar. |  |
| 7. When the County/Provider Staff page appears, click on the CADDSWeb link. |  |

| ACTION | RESULT |
|-----------------------------------|--|
| 8. Login using your new password. |  |

Site Navigation

This section explains the different features of CADDSSWeb and outlines how to navigate, or move about the system. It also describes the standard functions that are performed when you click on buttons within the CADDSSWeb application.

Navigation Bar

The tool that you will use to access these functions is called the **navigation bar** displayed on the left side of the CADDSSWeb application.

By clicking on the navigation bar links, you will be able to:

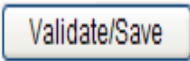
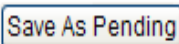
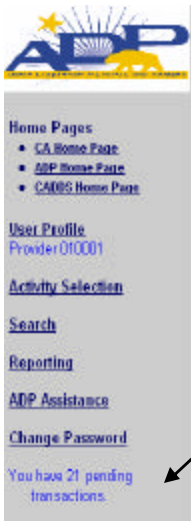
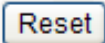
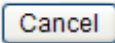



Navigation Bar

- View California and ADP website home pages through the Home Pages links;
- View your user profile through the User Profile link;
- Process or view CADDSS Participant records through the Activity Selection link;
- Find a participant record through the Search link;
- Produce reports (hardcopy or electronic) of your data through the Reporting link;
- Contact the AOD Help Desk regarding questions about using CADDSSWeb using the ADP Assistance link; and
- Change your password through the Change Password link.

Standard Buttons

CADDsWeb uses several key buttons that perform consistently throughout the application. These buttons that are typically located at the bottom of the page are described in the table below:

| BUTTON | ACTION |
|---|--|
|  | <p>When the Validate/Save button is clicked, data that you have entered will be checked for errors. If no errors exist, and all required fields contain data, the record will be saved as a valid record, and “submitted” to ADP.</p> |
|   | <p>If you do not have complete client information at the time you enter the data, or if you want to finish your data entry at another time, you can save the incomplete record in Pending status by clicking the Save as Pending button. Pending records have not been submitted to ADP.</p> <p>The navigation bar will display the number of pending records that have not been submitted to ADP.</p> <p>Once you have completed your data entry on a pending record, click Validate/Save, and the record will be submitted and will no longer be in pending status.</p> |
|  | <p>The Reset button allows you to clear information that you have entered but not yet saved (Submitted). Once you click Reset, the page will redisplay the last saved version of data.</p> |
|  | <p>When the Cancel button is clicked, the task you were working on is aborted and information will not be saved. You then will be returned to the previous page.</p> |

| BUTTON | ACTION |
|--|---|
| <p>Radio Box</p>  <p>Profile Option</p> <p>Provider 010001 Horizon Services 3845 Telegraph Avenue (3837 Telegraph) Oakland, CA 94609</p> <p>Provider 010008 St. Marys Community Center 635 22nd Street Oakland, CA 94612</p> | <p>When there are multiple options from which to choose, a radio boxes (circles) are available for you to mark your selection.</p> <p>To mark or cancel your selection, click in the radio box.</p> |

The following section talks about records and their status.

Record Status

When data is entered into CADDSSWeb, the system labels the record using the terms defined below:

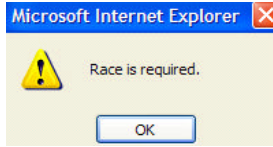
| Record Status | Definition |
|------------------|---|
| Valid | A “ valid ” admission or discharge record has <u>all</u> required fields completed and contains no errors. |
| Pending | A “ pending ” admission or discharge record is incomplete. A pending record is not valid because one or more of the required fields are blank and/or contain errors. |
| Unmatched | An “ unmatched ” admission is a valid record that does not have a corresponding valid discharge record entered in CADDSSWeb. |
| Matched | A “ matched ” record contains a valid admission record and its corresponding valid discharge record in CADDSSWeb. |

CADDSSWeb Monthly Updates

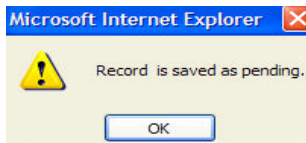
Once a month, CADDSSWeb is unavailable for use to allow ADP to perform final edits on data they have received. Before this occurs, ADP will provide users with advance notice by posting a flash message on the website notifying users of the date and time the shutdown will occur. Users also will be notified via a flash message when CADDSSWeb is available again.

Error Messages

CADDSWeb is designed to issue error messages when you attempt to validate/save a transaction that contains an invalid selection or entry, or is missing an entry for a required field.



Until the error is corrected, the record cannot be saved as valid; however, CADDSWeb will allow you to save the record in "Pending" status (e.g. if you are not able to complete the entry until you consult with someone).



User Profile

When you log in, your provider number will be displayed under the User Profile heading on the Navigation Bar. The display on your User Profile screen will differ depending on whether you are authorized to enter data for a single provider site, or for multiple sites.

Note: It is important to verify your User Profile **before** you enter data to ensure you are entering data for the correct provider. To enter data for a specific provider, you must select that provider's User Profile before entering data.

If you are authorized to enter data for more than one provider location, click in the [radio box](#) next to the provider or county profile you chose then click the **Submit** button.

Home Pages

- [CA Home Page](#)
- [ADP Home Page](#)
- [CADDs Home Page](#)

User Profile
Provider 010001

[Activity Selection](#)

[Search](#)

[Reporting](#)

[ADP Assistance](#)

[Change Password](#)

You have 21 pending transactions.

Please confirm your current User Profile.
You may switch between provider facilities by selecting a *Profile Option* and clicking *Submit*.

| | |
|--|---|
| <p>Staff ID</p> <p>Current Profile</p> | <p>CADDSTEST1</p> <p>Provider 010001 Horizon Services 3845 Telegraph Avenue (3837 Telegraph) Oakland, CA 94609</p> |
|--|---|

Profile Option

☒ Provider 010001
Horizon Services
3845 Telegraph Avenue (3837 Telegraph)
Oakland, CA 94609

☐ Provider 010008
St. Marys Community Center
635 22nd Street
Oakland, CA 94612

☐ Provider 400001
Casa Solana
383 South 13th Street
Grover City, CA 93433

☐ ALAMEDA County

☐ SAN LUIS OBISPO County

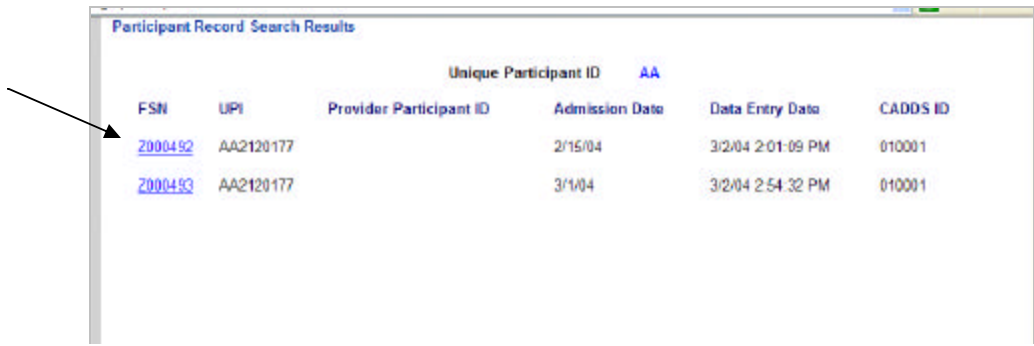
User Profile Screen

Searching for Records in CADDSTWeb

[Return to Adding a CADDSTWeb Discharge to an Existing Record](#)

This option enables you to locate a specific Participant Record.

| ACTION | RESULT |
|--|---|
| 1. Click on the Search link on the Navigation bar. | The Participant Record Search screen will be displayed. |
| <div>Participant Record Search</div> <div>To search for CADDST Participant Records, enter one of the selection criteria and click <i>Search</i>.</div> <div>You may enter partial search strings for <i>Unique Participant ID</i> and <i>Provider's Participant ID</i>. To enter partial search strings, key the characters you are interested in. For example, entering AA123 in the Unique Participant ID field will give you participant records that have AA123 in any part of the field.</div> <div><div>Unique Participant ID</div><div><input type="text"/></div><div>Search</div><div>Reset</div></div> <div><div>Provider's Participant ID</div><div><input type="text"/></div><div>Search</div><div>Reset</div></div> <div><div>Date of Admission (mm/dd/yyyy)</div><div><input type="text"/>/ <input type="text"/>/ <input type="text"/></div><div>Search</div><div>Reset</div></div> <div><div>Data Entry Date (mm/dd/yyyy)</div><div><input type="text"/>/ <input type="text"/>/ <input type="text"/></div><div>Search</div><div>Reset</div></div> | |
| 2. Enter one of the selection criteria and click the Search button. | The Participant Record search results that match your selection criteria will be displayed: |

| ACTION | RESULT |
|---|---|
|  | |
| <p>3. If desired, click on the FSN of the participant record you would like to view.</p> | <p>The participant record you selected will be displayed.</p> |
| <p>4. Once the participant record is displayed, you may update the data.</p> <p>For instructions on how to update data, please refer to the section "View or Update a Participant Record" on page 52.</p> | |

Reporting in CADDWeb

This option allows you to view and/or print reports of your data. The following reports are available through CADDWeb:

- **CADDS Form**: You can print a particular CADD form by specifying the FSN. Or, you can print a blank CADD form.

- **Transaction List**: Based on what you request, this report lists the transactions that are:

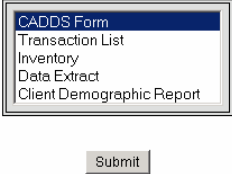
- Pending Admissions and Discharges, or
- Unmatched Admissions, or
- Matched Admissions and Discharges

You will also specify whether you would like the data sorted and displayed by FSN or by Date of Admission.

- **Inventory**: For a reporting period that you select, this report shows activity totals for admissions, discharges, pending admissions and pending discharges. The following totals are displayed:
 - Beginning: the number of CADD forms at the start of the reporting period;
 - Add: the number of CADD forms that were added during the reporting period;
 - Update: the number of CADD forms that were updated during the reporting period;
 - Delete: the number of CADD forms that were deleted during the reporting period;
 - Ending: the number of CADD forms at the end of the reporting period.
- **Data Extract**: The Data Extract function enables you to export CADD transaction data as text, which you can then import into other applications, such as Microsoft® Access or Excel, to create your own reports.
- **Client Demographic Report**: This report shows demographics (gender, age at admission, race, ethnicity, etc.) for clients against the following record criteria:
 - All valid records, unmatched admissions only, or matched records only

- Inclusive Admission Date Range (mm/yy to mm/yy) or Discharge Date Range (mm/yy to mm/yy)
- Clients who fit the selected sub-criteria of Age at admission, Sex, and/or Discharge Status (can select none or select specific values for one or more)

All reporting functions are accessible through the Report Request page.

| ACTION | RESULT |
|---|---|
| <p>1. Click on the <u>Reporting</u> link on the Navigation Bar.</p> | <p>The Report Request screen will be displayed.</p> <p>Report Request</p> <p>To request a report, select an option and click the <i>Submit</i> button.</p>  |
| <p>2. Select the report you would like to view or print.</p> | |
| <p>3. Click on the Submit button.</p> | <p>The Report Selection Criteria screen that corresponds to your requested report will be displayed.</p> |
| <p>4. Proceed with the steps outlined below for the desired report.</p> | |

Transaction List

Report Selection Criteria for Transaction List

To complete your report request, enter selection criteria and click the Submit button.

Transaction List

Participant Record Selection

☒ Pending Admissions and Discharges

☐ Unmatched Admissions

☐ Matched Admissions and Discharges

Sort Order

☒ Form Serial Number

☐ Date of Admission

1. Select the records to include and the sort order then click **Submit** button.
2. The Report is displayed.



Report: CAD200

**California Alcohol and Drug Program
CADDs Transaction Report**

Report Date: 9/2
Time: 2:23

Data for Pending Admissions and Discharges

| <u>FSN</u> | <u>Unique Participant ID</u> | <u>Providers Participant ID</u> | <u>Date of Admission</u> | <u>Status</u> | <u>Transaction Type</u> |
|----------------------------|----------------------------------|-------------------------------------|------------------------------|---------------|-----------------------------|
| Provider ID: 010001 | | | | | |
| A044152 | SR1122457 | 2525 | 09/23/1991 | Pending | Admission Discharge |
| Z000016 | CC1090964 | BONGO | 03/01/2003 | Pending | Admission Discharge |
| Z000027 | CC2101064 | | 01/01/2003 | Pending | Admission Discharge |
| Z000030 | LL2010190 | | 01/01/2000 | Pending | Admission |
| Z000032 | LL2010157 | | 01/01/2000 | Pending | Admission |
| Z000034 | CL2010169 | | 01/01/2000 | Pending | Admission |
| Z000037 | AD1010199 | | 12/31/2000 | Pending | Discharge |
| Z000042 | CC2010140 | | 01/01/2003 | Pending | Admission |
| Z000044 | HH2010163 | | 01/01/2000 | Pending | Admission Discharge |
| Z000050 | AB1051592 | | 01/27/2000 | Pending | Admission |
| Z000051 | AB2051692 | | 01/27/2000 | Pending | Admission |
| Z000059 | AA1010170 | | 01/01/2003 | Pending | Admission Discharge |
| Z000061 | AB2081892 | | 08/01/2003 | Pending | Admission |
| Z000063 | BB1010170 | | 01/01/2003 | Pending | Admission |
| Z000070 | JJ1010160 | | 01/01/2000 | Pending | Admission |

3. Click on  button to print a hardcopy report or click on  to export an electronic report.

Inventory

Report Selection Criteria for Inventory

To complete your report request, select a Reporting Period and click the Submit button.

Reporting Period: ▼

July 2004
June 2004
May 2004
April 2004

Submit



1. From the Reporting Period drop down list, select the month you wish to display.
2. Select **Submit**.
3. The Report is displayed.

Report: CAD300 California Alcohol and Drug Program Report Date: 09/21/200-
 CADDs Control Report Time: 02:22:33 PM
 For November 2003

County: 01 Alameda

Provider ID: 010001

| Transaction | Beginning | Add | Update | Delete | Ending |
|--------------------|-----------|-----|--------|--------|--------|
| Admissions | 14 | 2 | 0 | 0 | 16 |
| Discharges | 5 | 0 | 0 | 0 | 5 |
| Pending Admissions | 18 | 0 | 0 | *1 | 17 |
| Pending Discharges | 9 | 0 | 0 | *0 | 9 |

4. Click on  button to print a hardcopy report or click on  to export an electronic report.

7. Copy the highlighted data by pressing CTRL-C.
8. Then paste the information into Note Pad or Text Pad.
(To paste the data into NotePad, open Note Pad and press CTRL-V.)

Note: Note Pad and Text Pad are easy-to-use text editing tools.

9. Save the document.

Client Demographic Report

The following is the Report Selection Criteria when All or Unmatched Admission Only is selected for Type of Valid Records:

Report Selection Criteria for Client Demographic Report

To complete your report request, enter selection criteria and click the [Submit](#) button.

Client Demographic Report

Type of Valid Records

☒ All

☐ Unmatched Admissions Only

☐ Matched Records Only

Date Range

☒ Admission Date Range -

Type of Clients to Select (Choose All for All Clients or one or more to limit)

Only clients whose age is:

Only Clients whose gender is:

The following is the Report Selection Criteria when Matched Records Only is selected for Type of Valid Records:

Report Selection Criteria for Client Demographic Report

To complete your report request, enter selection criteria and click the [Submit](#) button.

Client Demographic Report

Type of Valid Records

☐ All

☐ Unmatched Admissions Only

☒ Matched Records Only

Date Range

☒ Admission Date Range -

☐ Discharge Date Range -

Type of Clients to Select (Choose All for All Clients or one or more to limit)

Only clients whose age is:

Only Clients whose gender is:

Only clients whose discharge status is:

1. From the Type of Valid Records list, select whether you want:
 - All valid records
 - Unmatched Admissions Only
 - Matched Records Only
2. From the Date Range list, specify either the Admission Date Range or the Discharge Date Range (available only when Type of Valid Records is Matched Records Only).
3. From the Type of Clients to Select list, you can limit or change the age, gender or discharge status (available only when Type of Valid Records is Matched Records Only) from All to one of the valid values.
4. Select **Submit**.
5. The Report is displayed.



Report: CAD500

9/21/04

Department of Alcohol and Drug Programs
CADDsWeb Client Demographic Report (Requested by: Provider)
 For All Valid Records
 For Admission Date Range: 08/03 - 09/04
 Age at Admission: All Gender: All Discharge Status: All

County 01: Alameda
 Provider 010001: Horizon Services

| | | | |
|--------------------------|---|-------------------------------------|---|
| Gender: | | Employment Status | |
| Male | 2 | Employed Full Time | 2 |
| Female | 1 | Employed Part Time | 1 |
| Total | 3 | Unemployed | 0 |
| Age at Admission: | | Not in the labor force | 0 |
| Under 18 | 0 | Total | 3 |
| 18-20 | 1 | Calworker Status | |
| 21-25 | 0 | Yes | 0 |
| 26-30 | 0 | No | 1 |
| 31-35 | 0 | Total | 1 |
| 36-40 | 2 | Welfare to Work Status | |
| 41-45 | 0 | Yes | 0 |
| 46-50 | 0 | No | 1 |
| 51-55 | 0 | Total | 1 |
| Over 55 | 0 | Service Type | |
| Total | 3 | OP TX/Recover | 2 |
| Race | | OP Day Program | 1 |
| White | 0 | OP Detox | 0 |
| Black/African-American | 1 | Res DX Hosp | 0 |
| American Indian | 0 | Res DX Non-Hosp | 0 |
| Alaskan Native | 0 | Res TX/RCV Short | 0 |
| Asian Indian | 0 | Res TX/RCV Long | 0 |
| Cambodian | 0 | Total | 3 |
| Chinese | 0 | Primary Drug/Alcohol Problem | |

6. Click on  button to print a hardcopy report or click on  to export or save this electronic report to an external file.

4 COMPLETING A CADDS ADMISSION PARTICIPANT RECORD (PR)

[Return to Introduction](#)

[Return to Methods of Collecting and/or Submitting CADDS Data](#)

This section provides instructions on how to complete a CADDS Admission PR for users of hardcopy forms and of the CADDSWeb system. If you are using ITWS to submit your CADDS records to ADP, please refer to the user manual for your county's/provider's automated system for instructions on completing a CADDS Admission. (Instructions on how to submit records using ITWS can be found on page 60, "[Submitting Batch Files through ITWS](#)").

A. *CADDS Hardcopy Participant Record Forms*

Use the white copy of the PR form to record admission data. Please refer to [Appendix A: Admission Item Descriptions](#) on page 66 for instructions on completing the form.

B. CADDSTWeb Admissions

[Return to Getting Started with CADDSTWeb](#)

This section provides instructions on how to use the CADDSTWeb system to record admission data. Please refer to [Appendix A: Admission Item Descriptions](#) on page 66 for explanations of the various fields.

The CADDSTWeb Activity Selection page allows you to create an Admission PR. By clicking the [Activity Selection](#) link on the Navigation bar, you have the option to:

- Create a new admission record, record a discharge, or simultaneously add an admission and record a discharge for a given participant;
- View or update a previously entered CADDST form; or
- Delete an admission and/or discharge previously entered on a specific CADDST form.

This section provides instructions on how to add admission transactions.

- For information on [Adding a CADDSTWeb Discharge to an Existing Record](#) to a Participant Record, refer to page 47.
- For information on how to [View or Update a Participant Record](#), refer to page 52.
- For information on how to [Delete an Admission and/or Discharge Participant Record](#), refer to page 53.

To process a CADDST Participant Record, select an option below.

To add an Admission only, click 'Add Admission'.
 To add a Discharge, enter the FSN and click 'Add Discharge'.
 To add both an Admission and Discharge, click 'Add Admission and Discharge'.

→ SN

To view/update an existing form, enter the FSN and click 'View/Update'.

FSN

To delete an Admission and/or Discharge, enter the FSN and click Delete.

FSN

Figure 4.1 CADDST Activity Selection

Add a New CADDSSWeb Admission Transaction

When you complete a PR using CADDSSWeb, you will enter (type in) a few data fields, but most fields will be completed by selecting the desired option from a drop down list as shown below:

ADMISSION INFORMATION

4. Provider's Participant ID (optional)

5. Codependent/Significant Other
(Answer YES if receiving services because of someone else's alcohol/drug problem)

6. Race

7. Ethnicity
1. Not Hispanic
2. Mexican/Mexican American
3. Cuban
4. Puerto Rican
5. Other Hispanic/Latino

8. Employment Status

9. Highest School Grade Completed (00-20 GED-12)

10. Principal Source of Referral

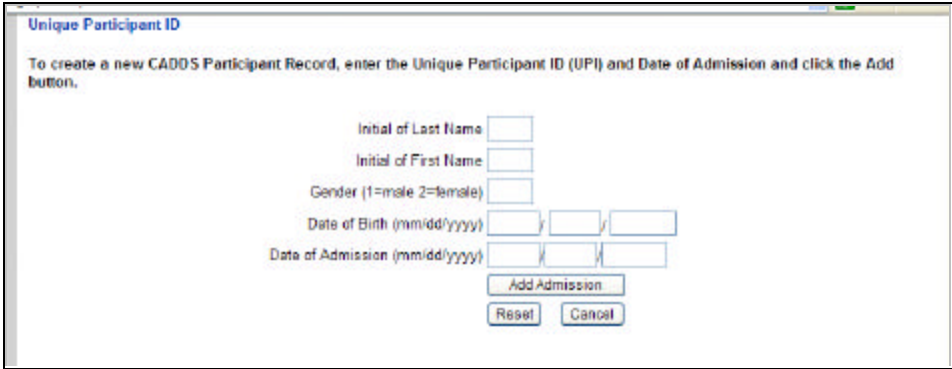
11. Is this person currently pregnant?

The business rules for completing the items in an admission form are described in [Appendix A: Admission Item Descriptions](#) on page 66.

Note: The order these items are presented is based on the layout of a hardcopy CADDSS PR. You will notice that there will be a few differences in the order the fields when you complete a CADDSSWeb form (however, the same business rules apply regardless of data collection method).

Follow the instructions below to complete a CADDSSWeb Admission record.

| ACTION | RESULT |
|--|--|
| 1. Click the <u>Activity Selection</u> link on the Navigation bar. | The CADDSS Activity Selection page will be displayed (Figure 4.1). |
| 2. Click the Add Admission button. | The Unique Participant ID page will be displayed. |

| ACTION | RESULT |
|---|--|
| |  |
| <p>3. Complete the Unique Participant ID (UPI) as described in Item 3 of Appendix A on page 68.</p> | <p>Note: Enter a four-digit year for the birth year.</p> |
| <p>4. Enter the Date of Admission as described in Item 14 on page 76.</p> | <p>Note: Enter a four-digit year for the admission year.</p> |
| <p>5. When you have completed your data entry, click Add Admission.</p> | <p>The data you have entered will be saved, and the Participant Record page will be displayed.</p> |
| <p>6. Complete Items 4 through 24 as instructed beginning on page 68.</p> | <p>Note: DISCHARGE INFORMATION – This area is labeled <i>No Discharge Record</i> because the function selected on the Activity Selection screen was to Add Admission.</p> |
| <p>7. You may complete Optional Data Items 25 through 27.</p> | |
| <p>8. If you choose, you may click the Add Discharge button. This will allow you to add discharge data without having to navigate through the Activity Selection page.</p> | <p>You will be returned to the Participant Form Screen with blank fields for discharge data; the Admission Status will be displayed as “Valid”; and the Discharge Status will be displayed as “Pending”.</p> |
| <p>9. Otherwise, complete Coded Remarks as directed on page 87.</p> | |

| ACTION | RESULT |
|--|---|
| 10. When your data entry is complete, click Validate/Save . | <p>The data you entered will be saved. You will be returned to the Activity Selection Screen; and, the Admission Status will be displayed as "Unmatched".</p> <p>You will also see a message indicating that your record was saved.</p> <div data-bbox="852 709 1333 730" style="background-color: yellow; border: 1px solid black; padding: 2px; text-align: center;">FSN Z000525 Submitted.</div> |

You also have the option of adding Admission and Discharge data at the same time. For instructions, please refer to "[Add an Admission and Discharge Simultaneously](#)" on page 48

5 COMPLETING A CADDS DISCHARGE

Discharge information is collected and entered once the participant is no longer active in this facility's program, or when there is a change in the type of service being provided. Do not report discharge information for persons participating as Codependents/Significant Others.

A. *CADDS Hardcopy Discharges*

The yellow hard copy discharge form varies slightly from the admission form. Record discharge information in the area of the form containing items 28 through 32.

Please refer to [Appendix B: Discharge Item Descriptions](#) on page 90 for instructions on how to complete Items 28 through 32.

B. *CADDSWeb Discharges*

[Return to Getting Started with CADDSWeb](#)

To process a CADDS Participant Record, select an option below.

To add an Admission only, click 'Add Admission'.
 To add a Discharge, enter the FSN and click 'Add Discharge'.
 To add both an Admission and Discharge, click 'Add Admission and Discharge'.

FSN

To view/update an existing form, enter the FSN and click 'View/Update'.

FSN

To delete an Admission and/or Discharge, enter the FSN and click Delete.

FSN

Figure 5.1 CADDS Activity Selection

The Activity Selection page provides you the option of recording a discharge for an existing PR:

- at any time after an Admission PR has been entered and saved; or
- at the same time that you are entering Admission PR data.

Instructions on using CADDSWeb to perform each option are presented below. Please refer to [Appendix B: Discharge Item Descriptions](#) on page 90 for instructions on how to complete Items 28 through 32.

Adding a CADDsWeb Discharge to an Existing Record

[Return to CADDsWeb Admission](#)

Note: If you choose to add a Discharge transaction you must know the FSN for the related Admission. Instructions on how to find a record are on page 30, [Searching for Records in CADDsWeb](#).

| ACTION | RESULT |
|---|--|
| 1. Click the Activity Selection link on the Navigation bar. | The CADDs Activity Selection page will be displayed (Figure 5.1). |
| 2. Enter the FSN of the transaction for which you want to add discharge data. | |
| 3. Click the Add Discharge button. | <p>The PR you requested will be displayed with the admission data available for viewing but not for updating.</p> <p>Note: If you want to update admission information at this point, click the Update Admission button at the bottom of the page.</p> |
| 4. Enter data in fields 28 through 32 as described in Appendix B: Discharge Item Descriptions on page 90. | |
| 5. When you have completed your data entry, click Validate and Save . | The data you have entered will be saved. |

Add an Admission and Discharge Simultaneously

[Return to Add a New CADDsWeb Admission Transaction](#)

When this option is selected, you will be able to add admission and discharge data in the same session.

| ACTION | RESULT |
|---|---|
| 1. Click the Activity Selection link on the Navigation bar. | The CADDs Activity Selection page will be displayed (Figure 4.1). |
| 2. Click the Add Admission and Discharge button. | The Unique Participant ID page will be displayed. |
| 3. Enter the Unique Participant ID (UPI) as described in Item 3 of Appendix A: "Admission Item Descriptions" on page 68. | Note: Enter a four-digit year for the birth year. |
| 4. Enter the Date of Admission as described in Item 14 on page 76. | Note: Enter a four-digit year for the admission year. |
| 5. Click the Add Admission and Discharge button. | The Participant Record form will be displayed with Admission and Discharge fields available for data entry. |
| 6. Complete Admission Item 4 through Item 24 as described on pages 68 through 85. | |
| 7. You have the option of completing Optional Data Items 25 through 27. | |
| 8. Enter discharge data in fields 28 through 32 as described in Appendix B: Discharge Item Descriptions on page 90. | |
| 9. Enter Coded Remarks as instructed on page 87. | |
| 10. When you have completed your data | The data you entered will be saved. |

| ACTION | RESULT |
|---|--------|
| entry, click Validate and Save . | |

6 CORRECTING CADDS ADMISSION & DISCHARGE DATA

This section contains instructions on making changes to CADDS Admission and Discharge data for hardcopy, CADDSTWeb and ITWS users, and resubmitting updated data to ADP.

A. *Hardcopy*

All hard copy corrections to a CADDS Admissions or Discharges are made on a Blue Participant Record Correction/Deletion form (ADP 7360). To correct a CADDS admission or discharge record after the original form has been submitted and processed:

1. Check one of the boxes on the upper left-hand side to show whether you are correcting an admission or a discharge. Do not use the "Delete" boxes.
2. Complete Item 1 – write the Form Serial Number that is on the original admission or discharge record you want to correct.
3. Complete Item 2 – write your CADDS Provider ID (Program Type, County and Facility).
4. Complete only the data item(s) that need to be corrected. For example, if only the Date of Birth needs to be corrected, write the month, day and year of birth in Item 3 and leave the rest of the form blank.
5. Submit the correction form with your next monthly reports.

Note: After a discharge and admission data for a given client are "matched" in the CADDS System, data on these transactions cannot be updated or deleted. This is necessary in order to allow users to submit multiple episodes in a single month.

Matched is defined as:

Any admission participant record and the corresponding discharge for a given client that have been successfully submitted (all required data items complete and without errors) via CADDSTWeb.

Codependent Corrections

To change an admission from codependent “Yes” to “No”;

1. Follow the first steps listed above.
2. Complete Item 5 with “2” (not a codependent).
3. Complete [Items 17 through 24](#) (refer to instructions beginning on page 80). This information may have been completed on the original CADDS admission form, but only Items 1 through 16 are processed for codependent admission records.

B. CADDSTWeb Updates

[Return to Getting Started with CADDSTWeb](#)

[Return to Searching for Records in CADDSTWeb](#)

View or Update a Participant Record

[Return to CADDSTWeb Admission](#)

After a PR has been entered into CADDSTWeb, you may recall the record in order to view or update the data.

To process a CADDST Participant Record, select an option below.

To add an Admission only, click 'Add Admission'.
 To add a Discharge, enter the FSN and click 'Add Discharge'.
 To add both an Admission and Discharge, click 'Add Admission and Discharge'.

FSN

To view/update an existing form, enter the FSN and click 'View/Update'.

→ FSN

To delete an Admission and/or Discharge, enter the FSN and click Delete.

FSN

Figure 4.2 CADDST Activity Selection

| ACTION | RESULT |
|---|--|
| 1. Click on the <u>Activity Selection</u> link on the Navigation Bar. | The CADDST Activity Selection screen will be displayed (Figure 4.2). |
| 2. Enter the FSN and click on the View/Update button. | The PR you requested will be displayed. |
| 3. Make any desired changes. | Note: Some fields will auto fill based on the answer given in other fields. (Example - If the participant is male, Question 11: Is this person currently pregnant? will auto fill with "No".) |
| 4. Click on the Validate/Save button. | The changes/updates will be saved if no errors |

| ACTION | RESULT |
|--------|--|
| | <p>exist.</p> <p>The CADDS Activity Selection page will display. The FSN will be displayed at the top of the page.</p> <p>Note: If you forget to submit your data and click on the Activity Selection link on the left hand sidebar, your data will be saved as a <i>Pending</i> record</p> |

Delete an Admission and/or Discharge Transaction

[Return to Getting Started with CADDSWeb](#)

[Return to CADDSWeb Admission](#)

CADDSWeb will allow you to delete the following records:

- Admission records;
- Discharge records;
- Admission and Discharge records if they are not "***Matched***".

Matched is defined as:

Any admission participant record and the corresponding discharge for a given client that have been successfully submitted (all required data items complete and without errors) via CADDSWeb.

| ACTION | RESULT |
|--|--|
| 1. Click on the Activity Selection link on the Navigation Bar. | The CADDS Activity Selection screen will be displayed. |
| 2. Enter the FSN and click on the Delete Admission, Delete Discharge or Delete Admission and Discharge button. | The Unique Participant ID screen will be displayed. |
| 3. Enter the UPI data. | |

| ACTION | RESULT |
|--|---|
| 4. Click on the Delete Admission, Delete Discharge or Delete Admission and Discharge button. | <p>The CADDs Activity Selection page will display.</p> <p>The message “FSN was successfully deleted” will be displayed at the top of the page.</p> |

C. Submitting Changes Through ITWS

Corrections to CADDs Participant Records (PR) and deletions (supplemental files) can be submitted as long as they are not “Matched”.

Matched is defined as:

Any admission participant record and the corresponding discharge for a given client that have been submitted successfully (all required data items complete and without errors).

Submit changes/corrections and deletions through ITWS using the following codes:

Codes

- 1** – Correct Admission
- 2** – Delete Admission
- 3** – Correct Discharge
- 4** – Delete Discharge

Users of ITWS are not limited to the number of supplemental files they may submit. These changes/deletions should be sent with your next monthly CADDs submission.

7 SUBMITTING CADDs DATA TO ADP

It is essential that admission and discharge information is submitted to ADP by the required deadlines. The deadlines are:

| | Postmarked by: | Keyed into the system by: | |
|-----------------|---|--|--|
| Hardcopy | 7 th of the month following the report month <i>Example:</i> Data collected in: <u>August 2004</u> Postmarked by: <u>September 7, 2004</u> | | |
| ITWS | 7 th of the month following the report month <i>Example:</i> Data collected in: <u>August 2004</u> Submitted in ITWS by: <u>September 7, 2004</u> | | |
| CADDsWeb | | 15 th of the month following the report month <i>Example:</i> Data collected in <u>August 2004</u> Keyed into CADDsWeb by <u>September 15, 2004</u> | |

A. *Hardcopy Submissions*

Hardcopy CADDs Participant Record forms should be mailed to ADP monthly using the Provider Summary Report (PSR) as a cover sheet. PSRs are used only for hardcopy submissions. The PSR can be obtained from ADP's Data Management Branch (See page 64 for Contact Information under [Form and Manual Requests](#)).

The PSR also provides data on the number of participants receiving services in each facility at the end of the month. Every provider participating in CADDs must submit a hardcopy PSR form each month. This is required whether or not the provider has submitted PR forms for the month. The program director is responsible for verifying and signing the PSR form to ensure the accuracy of the data it contains.

How to Compile the CADDs Documents to be Submitted

| ACTION | COMMENTS |
|--|---|
| 1. Complete the Provider Summary Report. Instructions are provided in the section " How to Complete the Provider Summary Report " that follows. | |
| 2. Compile the reports in the following order: <ol style="list-style-type: none"> 1) The original monthly Provider Summary Report 2) White Participant Record Admission forms for participants admitted that report month (or earlier) 3) Yellow Participant Record discharge forms for participants discharged that report month (or earlier) 4) Any correction or deletion transactions for previously submitted Participant Records | |
| 3. Place the pink copy of the Participant Record form in each participant's file. | |
| 4. Place the entire report in one package. | Provide proper packaging to avoid envelopes splitting during shipment. Padded envelopes and boxes have proved reliable in past use. |
| 5. Mail your reports to the following address, | |

| ACTION | COMMENTS |
|--|----------|
| <p>clearly identifying that CADDS reports are enclosed:</p> <p>Department of Alcohol and Drug Programs Data Management Services Section/CADDS 1700 K Street Sacramento, CA 95814-4037</p> | |

How to Complete the Provider Summary Report

[Return to How to Compile the CADDS Documents to be Submitted](#)

Complete the PSR as described below.

Item 1

Provider ID

Enter the Provider ID assigned to your facility by ADP. The Provider ID consists of three parts: Program, County, and Facility ID. This must be the same as the Provider ID entered on the CADDS PR forms.

Item 2

Report Month

Enter the month and the year in which the data was collected as MMY. CADDS data are submitted the month after the report month.

If you determine that the Participant Census reported on a previous month's PSR is incorrect, submit a corrected PSR with the next batch of CADDS forms. Obtain a new form, and check the box indicating it is a correction. Enter the provider ID in item 1. Enter the report month of the PSR you wish to correct in item 2.

Complete the Participant Census (item 4) with the corrected figures. Complete item 3 (methadone census) if applicable. The remainder of the form should be left blank.

Item 3

Methadone Census

Enter the number of participants actively enrolled in the methadone detoxification and maintenance treatment on the last day of the report month. The participants counted here should also be included in item 4 (Participant Census).

Item 4

Participant Census

Facilities should conduct a census of active participants on the last day of each month. A participant should be counted only if he/she meets the criteria for inclusion in CADDS. Criteria are listed on page 6.

Enter the actual number of participants actively enrolled in the facility as of the last day of the report month. This report is counted by type of service.

If a participant has received more than one type of service in this facility during the report month, that participant will be counted in the type of service he/she was receiving on the last day of the report month. Codependents/

Significant others are entered on a separate line and not by service category.

Provider Information

Enter the provider information as directed on the form.

Item 5

Participant Records Admission/ Discharge Activity

Enter the number of admission PR forms (including codependent/significant other) and discharge PR forms (if applicable) submitted with this PSR.

B. Submitting Data Using CADDSWeb

When you complete a CADDS Admission and/or Discharge transaction and click the **Validate/Save** button, the data will be checked by the system. If all required fields are completed, and no errors are found, the data will be submitted to ADP. No additional steps are required.

C. Submitting Batch Files Through ITWS

[Return to Completing a CADDS Admission Participation Record \(PR\)](#)

If you collect CADDS data through an automated system that is not CADDSWeb, authorized users will submit completed files via an upload process through DMH's ITWS. The uploaded files need to be "zipped" with a standard encryption password using either WinZip 9.0 or PKZip software. The ITWS provides information on the encryption password to be used with the file under System Messages, after logging on.

The zipped files must be encrypted at the lowest level (low) and must comply with a specific naming convention. The naming conventions for the files are:

CADDS

- ADP_CAD_{CC}_P_PRO_YYYYMM_#.ZIP for counties
(e.g., ADP_CAD_01_P_PRO_200406_01.ZIP)
 - ADP_CAD_{PROV}_P_PRO_YYYYMM_#.ZIP for direct providers
(e.g., ADP_CAD_0124_P_PRO_200406_01.ZIP)
-
- CC = County Code.
 - PPPP = Provider Code.
 - P = Production file
 - PRO = File Type: "PRO".
 - YYYYMM = Year and month of service.
 - ## = Sequential number for the same month of service, "01"-"99".


Each zipped, encrypted file should contain only one text file with same name. The naming conventions for a text file are:

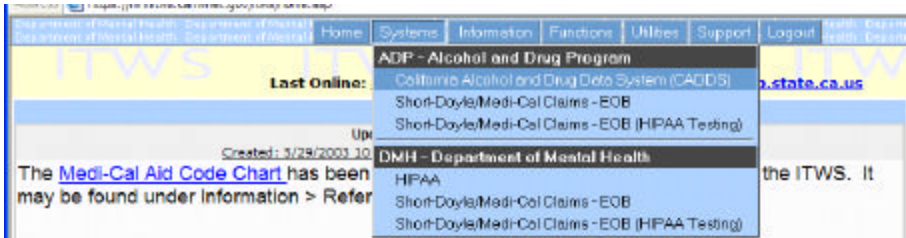
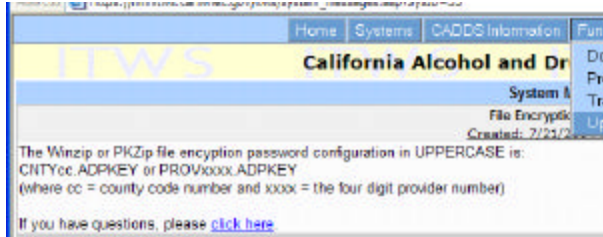
CADDS

- ADP_CAD_{CC}_P_PRO_YYYYMM_##.TXT for counties
(e.g., ADP_CAD_01_P_PRO_200406_01.TXT)
- ADP_CAD_{PROV}_P_PRO_YYYYMM_##.TXT for direct providers
(e.g., ADP_CAD_0124_P_PRO_200406_01.TXT)

- CC = County Code.
- PPPP = Provider Code.
- P = Production file
- PRO = File Type: "PRO".
- YYYYMM = Year and month of service.
- ## = Sequential number for the same month of service, "01"-"99".

Uploading the “Zipped File”

| ACTION | RESULT |
|--|--|
| <p>1. Via the Internet, go to the DMH ITWS Web site at https://mhhitws.cahwnet.gov</p> | <p>The ITWS home page will be displayed.</p> |
|  | |
| <p>2. Log onto the ITWS:</p> <p>a. Enter your</p> | |

| ACTION | RESULT |
|---|---|
| <p>User Name</p> <p>b. Enter your password</p> | |
| <p>3. Click the Login button.</p> | <p>The Welcome/System Messages page will be displayed.</p> |
| <p>4. Place the cursor on Systems and select California Alcohol and Drug Data System (CADDS).</p> | |
|  <p>The screenshot shows the ITWS (Integrated Treatment Work System) interface. The 'Systems' menu is open, displaying a list of options: 'ADP - Alcohol and Drug Program', 'California Alcohol and Drug Data System (CADDS)', 'Short-Dayle/Medi-Cal Claims - EOB', 'Short-Dayle/Medi-Cal Claims - EOB (HIPAA Testing)', 'DMH - Department of Mental Health', 'HIPAA', 'Short-Dayle/Medi-Cal Claims - EOB', and 'Short-Dayle/Medi-Cal Claims - EOB (HIPAA Testing)'. The 'California Alcohol and Drug Data System (CADDS)' option is highlighted.</p> | |
| <p>5. When the CADDS page appears, click Functions in the command line.</p> | |
| <p>6. Select “Upload” from the drop down menu.</p> |  <p>The screenshot shows the CADDS (California Alcohol and Drug Data System) interface. The 'Functions' menu is open, displaying a list of options: 'Download', 'Provider', 'Treatment', 'Upload', 'File Encryption', and 'System Information'. The 'Upload' option is highlighted.</p> |
| <p>7. Choose a system</p> | |
| <p>8. Select “Add”</p> | |
| <p>9. Select “Upload”</p> | <p>Once the file is uploaded, an e-mail notification will be sent by the ITWS confirming receipt of the file by the State.</p> |

8 REPLACING A LOST OR DESTROYED DISCHARGE FORM

If a participant's hardcopy discharge form is lost or destroyed:

| ACTION | RESULT |
|--|---|
| 1. Obtain another set of forms. | |
| 2. Discard the white Admissions copy. | |
| 3. Cross out the pre-printed FSN on the yellow Discharge copy. | |
| 4. Write in the FSN that appeared on the original admission submitted. | <p>Note: If you do not know the FSN on the admission submitted, call ADP's Data Management Section for assistance. The admission and discharge form serial numbers for each client must be the same.</p> |

9 FORM AND MANUAL REQUESTS

[Return to Hardcopy Submissions](#)

The following CADDS forms and manuals are available from the sources below:

| Form/Document | Contact Information |
|---|---|
| <ul style="list-style-type: none"> • CADDS Participant Record (PR) • Provider Summary Report (PSR) • CADDS Instruction Manual • CADDS Automation Proposals | <p>Department of Alcohol and Drug Programs Data Management Services Branch/CADDS 1700 K Street Sacramento, CA 95814-4037 (916) 327-5563</p> <p>-OR-</p> <p>Automation Help Desk 1-877-517-3329</p> <p>ADP recommends that you keep at least a three-month supply of forms on hand. Please allow two weeks for delivery.</p> |
| <ul style="list-style-type: none"> • ADP County or Direct Provider Approver Certification form, Form ADP 100121 • Vendor Certification Request form with Confidentiality Statement, Form ADP 100120 | <p>The Department of Mental Health ITWS Website:</p> <p>https://mhhitws.cahwnet.gov, by choosing the 'Support' menu button</p> |

10 COUNTY CODES

[Return to Appendix A: Admission Item 1](#)

The county code is used as part of the Provider ID for [Item 1](#) when completing the CADDs Participant Record Form. Use the table below to find the appropriate code for your county.

| | | | | | |
|----|--------------|----|-----------------|--|------------------|
| 01 | Alameda | 21 | Marin | 41 | San Mateo |
| 02 | Alpine | 22 | Mariposa | 42 | Santa Barbara |
| 03 | Amador | 23 | Mendocino | 43 | Santa Clara |
| 04 | Butte | 24 | Merced | 44 | Santa Cruz |
| 05 | Calaveras | 25 | Modoc | 45 | Shasta |
| 06 | Colusa | 26 | Mono | 46 | Sierra |
| 07 | Contra Costa | 27 | Monterey | 47 | Siskiyou |
| 08 | Del Norte | 28 | Napa | 48 | Solano |
| 09 | El Dorado | 29 | Nevada | 49 | Sonoma |
| 10 | Fresno | 30 | Orange | 50 | Stanislaus |
| 11 | Glenn | 31 | Placer | 51 | Use code 58. *** |
| 12 | Humboldt | 32 | Plumas | 52 | Tehama |
| 13 | Imperial | 33 | Riverside | 53 | Trinity |
| 14 | Inyo | 34 | Sacramento | 54 | Tulare |
| 15 | Kern | 35 | San Benito | 55 | Tuolumne |
| 16 | Kings | 36 | San Bernardino | 56 | Ventura |
| 17 | Lake | 37 | San Diego | 57 | Yolo |
| 18 | Lassen | 38 | San Francisco | 58 | Yuba/Sutter *** |
| 19 | Los Angeles | 39 | San Joaquin | ***Sutter and Yuba counties share a joint reporting code | |
| 20 | Madera | 40 | San Luis Obispo | | |

Appendix A ADMISSION ITEM DESCRIPTIONS

[Return to CADDS Hardcopy Participant Record Forms](#)

[Return to CADDSWeb Admissions](#)

[Return to Add a New CADDSWeb Admission Transaction](#)

This Appendix provides detailed instructions on how to complete CADDS Admission fields:

- Items 1 through 24;
- Optional data Items 25 through 27; and
- Coded Remarks.

Business rules are the same regardless of the method (hardcopy or electronic) you are using to collect and report CADDS data. Instructions on how to [Add a New CADDSWeb Admission Transaction](#) begin on page 42.

Admission Items 1 Through 24

ITEM 1

PROVIDER ID

[Return to County Codes](#)

Note: No data entry is required on this item for CADDSSWeb users. The system will automatically complete this field.

ADP coordinates and controls the assignment of all Provider Identification Numbers (ID). An ID is assigned for each facility location. All CADDSS documents must contain the correct ID for that facility.

Note: If you are completing PRs for multiple facilities, make sure to use the correct ID for that facility. Remember to use the CADDSS Provider ID.

The Provider ID is separated into:

- Program type;
- County; and
- Facility ID.

Program Type: Enter “C”, the type of state/federal program allocated to support recovery services in this facility.

C - Combined Alcohol and Drug funds

County: Enter the county in which the provider is physically located. Select from county codes listed in Section 10 [County Codes](#), on page 65.

Facility ID: Enter the provider identification number assigned by ADP.

Note: Separate provider identification numbers are not assigned to satellite facilities or medication units. A satellite facility is defined as a facility that:

- Is operated at a location that is different from the parent provider;
- Is administratively supervised by the parent provider;
- Is open less than 20 hours per week;
- Does not maintain permanent staffing for treatment or recovery services; and
- Does not maintain participant files at the facility.

A medication unit is a facility that is licensed to dispense methadone to maintenance patients, who otherwise would have difficulty traveling to the parent provider location. This unit is under the

supervision of a parent provider (see California Code of Regulations, Title 9, Article 3, Section 10022).

ITEM 2

FORM SERIAL NUMBER (FSN)

Note: No data entry is required for CADDSTWeb users. The system will auto-generate a FSN at the time of data entry.

This unique number is used to match admission and discharge records for the same participant and to match correction or deletion transactions with their original records.

ADP preprints the Form Serial Number (FSN) on each CADDST Participant Record form.

ITEM 3

UNIQUE PARTICIPANT IDENTIFIER (UPI)

[Return to Add a New CADDSTWeb Admission Transaction](#)

[Return to Add an Admission and Discharge Simultaneously](#)

Enter, in capital letters, the **first letter of the participant's last name** and the **first letter of the participant's first name**.

Enter the **gender** of the participant. Enter 1 for male and 2 for female.

For hardcopy participant record forms:

Enter the **birth date** for the participant as **MMDDYY**,
i.e., January 3, 1975 is entered as 010375.

For CADDSTWeb entries:

Enter the **birth date** for the participant as **MMDDYYYY**,
i.e., January 3, 1975 is entered as 01031975.

ITEM 4

PROVIDER'S PARTICIPANT ID (OPTIONAL)

[Return to Add a New CADDSTWeb Admission Transaction](#)

[Return to Add an Admission and Discharge Simultaneously](#)

Entering the provider's participant ID is optional. A provider's participant ID is entered when a county or provider uses its own system of unique numbers to identify participants. If a county or provider chooses to use this item, an ID should be entered for all participants.

Use only capital letters and/or numbers and left-justify the entry (enter the first character in the left-most box).

ITEM 5 CODEPENDENT/ SIGNIFICANT OTHER

Note: Complete this item only if your county requires you to report data on codependents.

A **Codependent/Significant Other** is a person who meets all of the following criteria:

- Is seeking services because of problems arising from his/her relationship (e.g., parent, child, spouse or roommate) with someone who has an alcohol or drug problem;
- Has been formally admitted for services in this facility;
- Has his/her own service file or has a record within a primary participant file; and
- Does not have problems arising from his/her own consumption of alcohol or drugs.

Submission of CADDS data for Codependents/Significant Others is at the option of the provider's county.

After a person has been admitted under CADDS as a Codependent/Significant Other, it may become evident that the individual has a problem with drugs or alcohol. If this occurs, and the individual's status changes, a new CADDS Participant Record Form must be submitted, indicating that the participant is not a Codependent/Significant Other. Discharge data is not submitted for Codependents/Significant Others.

ENTER 1 if the participant is a Codependent/Significant Other and complete items 1 through 16.

ENTER 2 if the participant is not a Codependent/Significant Other and complete the remainder of the form.

ITEM 6 RACE

Following federal policy consistent with the U.S. Census, "Race" and "Ethnicity" are two separate data items. The two items are not necessarily linked. Information for race and ethnicity should be based on self-identification.

Enter one of the following codes to identify the participant's racial background. If of mixed background, select the code for the group with which the participant most closely identifies.

Codes

01 White – A Caucasian person having ancestry among the people of Europe, North Africa (Egypt, Morocco, etc.), or the Middle East (Iran, Arabia, Lebanon, etc.)

02 Black/African-American – A person whose ancestry is among the Black racial groups of sub-Saharan Africa.

03 American Indian – A person descended from any of the original peoples of North America (other than Alaska) who maintains cultural identification through tribal affiliation or community recognition.

04 Alaskan Native – A person descended from any of the original people of Alaska (Aleut, Eskimo, Indian, etc.).

Asians and Pacific Islanders – people with origins in any of the original people of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands are broken down (according to state law) into the following categories:

05 Asian Indian

06 Cambodian

07 Chinese

08 Filipino

09 Hawaiian

10 Guamanian

11 Japanese

12 Korean

13 Laotian

14 Samoan

15 Vietnamese

16 Other Asian

17 Other Race – This category is for use in instances in which the individual is not classified above or whose racial group, because of area custom, is regarded as a category distinct from those above.

**ITEM 7
ETHNICITY**

Enter one of the following codes that best describe the participant's Hispanic background.

- 1 Not Hispanic**
- 2 Mexican/Mexican American** - Of Mexican origin regardless of race
- 3 Cuban** – Of Cuban origin regardless of race
- 4 Puerto Rican** – Of Puerto Rican origin regardless of race
- 5 Other Hispanic/Latino** – Of Central or South America or any other Spanish culture origin (including Spain) regardless of race.

**ITEM 8
EMPLOYMENT STATUS**

Enter the participant's current employment (labor force) status using the following codes:

Codes

- 1 Employed full time** (35 or more hours/week) – The participant is legally employed; includes those who are self-employed and members of the armed services. This individual is regularly working 35 or more hours per week.
- 2 Employed part time** (more than 5 hours and less than 35 hours/week) – The participant is legally employed (includes self-employed) and regularly working from 5 to 34 hours per week. Does not include participants who regularly work less than five hours per week.
- 3 Unemployed, looking for work** – The participant is not employed and has been actively seeking employment within the last 30 days. It also includes participants who are on temporary layoff and those who are waiting the starting date of a new job. A person must be available for work in order to be considered unemployed.
- 4 Not in the labor force** (not seeking employment) – The participant is not employed and has not been seeking work in the last 30 days. This category includes participants who are unemployable. Persons in this category are not considered a part of the labor force, because they are not actively seeking work and/or are not available for work.

ITEM 9
HIGHEST SCHOOL GRADE COMPLETED

Enter two digits to indicate the highest school grade the participant has COMPLETED at the time of admission.

Enter 00 for a person who has not completed any school;
Enter 01 for a person who has completed 1 year of school;
Enter 02 for a person who has completed 2 years of school;
Enter 03 for a person who has completed 3 years of school;
Enter 04 for a person who has completed 4 years of school;
Enter 05 for a person who has completed 5 years of school;
Enter 06 for a person who has completed 6 years of school;
Enter 07 for a person who has completed 7 years of school;
Enter 08 for a person who has completed 8 years of school;
Enter 09 for a person who has completed 9 years of school;
Enter 10 for a person who has completed 10 years of school;
Enter 11 for a person who has completed 11 years of school;

Enter 12 for a person who has earned a high school diploma or equivalency degree (GED);

Enter 14 for an associate degree;

Enter 16 for a bachelor's degree;

Enter 18 for a master's degree and

Enter 20 for a Ph.D. or beyond.

ITEM 10
PRINCIPAL SOURCE OF REFERRAL

Enter one of the following codes to identify the source of referral that resulted in the participant entering treatment or recovery services.

Codes

- 01 Individual:** includes self-referral, family member or friend
- 02 Alcohol/Drug Abuse Care Program:** any program whose activities are primarily related to alcohol or drug abuse prevention, education, or recovery services
- 03 Other Health Care Provider:** physicians, psychiatrists or other licensed health care or mental health professionals, general hospitals, psychiatric hospitals, mental health programs, and nursing homes
- 04 School:** school principals, counselors, teachers, a student assistance program, or any other educational agency
- 05 Employer/EAP:** a supervisor, personnel officer, employee counselor, or an agent of an Employee Assistance Program (EAP)
- 06 Non-SACPA Court/Criminal Justice:** any police official, judge, prosecutor, probation or parole officer, or other person affiliated with a federal, state, or county judicial system other than referrals funded by the Substance Abuse Crime and Prevention Act (SACPA)
- 07 12 Step Mutual Aid:** programs such as Alcoholics Anonymous, or Al-Anon
- 08 Community Referral:** community and religious organizations or any agency that provides services in areas such as poverty relief, unemployment, shelter, or social welfare. Defense attorneys are included in this category. A referral from Child Protective Services would also be included in this category, unless there is a court order directing the participant to enter an alcohol or drug recovery program
- 09 SACPA Court/Probation:** any SACPA funded referral from the court or probation system
- 10 SACPA Parole:** any SACPA funded referral from the parole system

ITEM 11
IS THIS PERSON CURRENTLY PREGNANT?

ENTER 1 if the participant knows that she is pregnant at the time of admission.

ENTER 2 if the participant is not pregnant at the time of admission;
-OR -
does not know she is pregnant;
-OR -
If the participant is male.

Note: If the response to Item 11 (Is person currently pregnant) = **Yes**, then the response to Item 32 (Was this participant pregnant at anytime during this treatment episode) must also = **Yes**.

Note: **For CADDSSWeb Users:** The system will automatically enter "No" in this field if the participant is male.

ITEM 12
LEGAL STATUS

Enter one of the following codes to indicate the participant's status with the criminal justice system at the time of admission:

Codes

- 1 Not applicable**
- 2 Under parole supervision by CDC** (California Department of Corrections)
- 3 On parole from any other jurisdiction**
- 4 On probation from any federal, state, or local jurisdiction**
- 5 Admitted under diversion from any court** under California Penal Code, Section 1000 (PC 1000), an individual may be diverted from prosecution to an alcohol or drug program by the court system.
- 6 Incarcerated**

ITEM 13
DISABILITY IMPAIRMENT

Enter one of the following codes to identify up to three different impairments that could impact the delivery of services to this participant.

ENTER NONE if a disability is not identified and move to item 14.

If there is only one disability enter that disability and move to item 14.

Codes

- 1** None
- 2** Visual
- 3** Hearing
- 4** Speech
- 5** Mobility
- 6** Mental
- 7** Developmentally Disabled
- 8** Other Disability (does not include alcoholism or drug addiction)

ITEM 14
DATE OF ADMISSION

[Return to Add a New CADDSWeb Admission Transaction](#)

[Return to Add an Admission and Discharge Simultaneously](#)

For hardcopy participant record forms:

Enter the date (MMDDYY) the participant actually began receiving direct recovery services in this facility. Individuals who have only been screened, placed on a waiting list, or referred to another facility are not considered to have been formally admitted.

For CADDSWeb entries:

Enter the date (MMDDYYYY), with a four-digit year.

All screening, intake, and assessment processes must be completed. In addition, all of the following must have occurred:

- The provider has determined that the participant meets the program's admission criteria;
- If applicable, the participant has given consent for treatment/recovery services;
- An individual treatment or recovery plan has been started;
- A participant or client file has been opened;
- The participant has received his/her first direct recovery service in this facility, and is expected to continue participating in program activities; and
- If in a methadone program, the client has received his/her first dose.

ITEM 15

TRANSACTION TYPE

ENTER 1 for initial admission. If a participant is beginning a new recovery service episode insert 1 as this is to be coded as an initial admission.

ENTER 2 for transfer/change in service.

If there is a transfer or change of service within a continuing episode enter the code as 2 for transfer/change in service. This includes a change of service type within the same provider facility.

An **episode** is defined as a continuous period of planned recovery service. An episode may span different types of services or different providers, as long as there is no unplanned break in service. A planned break might include waiting for a slot to open to enter a different facility or to begin a new type of service.

ITEM 16
TYPE OF SERVICE

Codes 1 through 7 define the type of service being provided to the participant by the provider facility.

The type of service will be non-residential/outpatient or residential.
ENTER CODES 1 through 3 for non-residential/ outpatient services

Non-residential/Outpatient

A non-residential/outpatient program is one where participants return to their own homes at night.

ENTER CODES 4 through 7 for residential services.

Non-residential/Outpatient

Code 1 Treatment/Recovery:

Treatment/recovery is a service that is designed to promote and maintain recovery from alcohol or drug problems. In addition to individual and group sessions, services may also include educational sessions, recovery planning, counseling or psychotherapy, health screening, medical services, social and recreational activities, and information about and referral to appropriate community services. Outpatient drug free programs and methadone maintenance programs are also included in this service category.

Code 2 Day Program-Intensive:

Day program-intensive services are services provided to drug abuse clients under the Medi-Cal "Day Care Habilitative" category; an intensive outpatient program in which participants receive services at least two or more hours per day, three or more days per week. Included in this category are programs that provide services throughout the day where participation is stipulated by a minimum attendance schedule of at least ten hours per week and participants may have regularly assigned and supervised work functions.

Code 3 Detoxification:

Detoxification is a service designed to support and assist participants undergoing a period of planned withdrawal from alcohol or drug dependence, and to explore plans for continued service. This may include administering prescribed medication. Outpatient methadone detoxification is included in this service category.

Residential

A residential program is one where participants reside in the program facility on a 24-hour per day basis, receiving food and shelter as part of the treatment/recovery service.

Code 4 Detoxification (hospital):

Detoxification (hospital) is defined as services provided in a licensed hospital, in which participants are hospitalized primarily for medical support during a period of planned withdrawal from alcohol or drug dependence

Code 5 Detoxification (non-hospital):

Detoxification (non-hospital) services are defined as those services provided in a residential facility that are designed to support and assist the participant during a period of planned withdrawal from alcohol or drug dependence. Medication may or may not be administered.

Code 6 Treatment/Recovery (30 days or less):

Treatment or recovery services are services provided in a licensed residential facility. The facility's program is designed for participation for a period of 30 days or less.

Code 7 Treatment/Recovery (31 days or more):

Treatment or recovery services are services provided in a licensed residential facility. The facility's program is designed for participation for a period of 31 days or more.

If this record is for a codependent do not fill out items 17-23.

ITEM 17
MEDICATION PRESCRIBED

[Return to Codependent Corrections](#)

NOTE: If this record is for a codependent do not fill out items 17-23.

The purpose of these codes is to indicate if medication prescribed by your program is an integral part of the alcohol/drug abuse treatment/recovery service.

Enter the code that specifies any medication that will be prescribed for the participant as part of the recovery plan.

Codes

- 1 None**
- 2 Methadone and/or LAAM**
- 3 Other** (this may include medication prescribed to alleviate symptoms of withdrawal).

Do not enter medication that is being administered or taken for physical or psychiatric conditions that are unrelated to recovery from substance abuse, even if this medication is prescribed by a physician affiliated with the program.

ITEM 18
NUMBER OF PRIOR EPISODES

ENTER 0-9 to indicate the number of previous episodes the participant has had in any drug or alcohol program, including this program.

ENTER 9 if the participant has had 9 or more prior episodes.

Transfers or changes in service are not to be counted as separate prior episodes.

ITEM 19
ALCOHOL/DRUG PROBLEM**Primary:**

Enter the code for the substance that has been determined to cause the greatest dysfunction to the participant. If there is only one problem, it is automatically primary. "None" is not an acceptable response for the primary problem.

Secondary:

Enter the code for the substance that has been determined to cause the second greatest dysfunction to the participant. If there is no secondary alcohol/drug problem, enter 22 for none.

Tertiary:

Enter the code for the substance that has been determined to cause the third greatest dysfunction to the participant. If there is no tertiary alcohol/drug problem, enter 22 for none.

Note: Do not enter the same code more than once. The exception is when there is neither a secondary nor a tertiary problem. In these instances code 22 should be entered in each section.

Code

- 01 Heroin**
- 02 Alcohol**
- 03 Barbiturates:** Phenobarbital, Seconal, Nembutal, etc.
- 04 Other Sedatives or Hypnotics:** Chloral hydrate, Placidyl, Doriden, etc.
- 05 Methamphetamines**
- 06 Other Amphetamines:** Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines
- 07 Other Stimulants**
- 08 Cocaine/Crack**
- 09 Marijuana/Hashish:** THC
- 10 PCP**

- 11 Other Hallucinogens:** LSD, DMT, STP, mescaline, psilocybin, peyote, etc.
- 12 Tranquilizers (Benzodiazepine):** Diazepam, Flurazepam, Chlordiazeposice, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Riazolam, Clonazepam, and Halazepam
- 13 Other Tranquilizers**
- 14 Non-Prescription Methadone**
- 15 Other Opiates and Synthetics:** codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects
- 16 Inhalants:** ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.
- 17 Over the counter:** cough syrup, Sominex, and any other legally obtained, non-prescription medication
- 21 Other:** write in the type of drug if using hardcopy forms
- 22 None**

Note: The use of methadone that is obtained by legal prescription and used as prescribed is not to be considered a drug problem. Nicotine and/or caffeine are not to be identified as an alcohol or drug problem.

ITEM 20
USUAL ROUTE OF ADMINISTRATION

Primary:

Enter a code that specifies how the participant usually administers the substance identified under primary alcohol/drug problem in item 19.

Secondary:

Enter a code that specifies the route of administration of the substance entered as the Secondary Alcohol/Drug Problem in item 19. If the secondary alcohol/drug problem is none (22), leave this box blank.

Code

- 1** **Oral:** ingested by mouth
- 2** **Smoking:** absorbed through the lungs and respiratory system by way of the mouth
- 3** **Inhalation:** absorbed through the lungs and respiratory system by way of the nose or mouth
- 4** **Injection:** intravenous (IV) or intramuscular; administered by needle into the veins or muscles or under the skin
- 5** **Other:** the usual route of administration is unknown or does not fall under any of the first four codes Examples of other routes of administration would include topical application with absorption through the skin and use of anal suppositories.

ITEM 21
FREQUENCY OF USE

Primary:

Enter the code which best describes how frequently the participant used the substance identified under primary alcohol/drug problem (in item 19) during the month prior to admission.

Secondary:

Enter the code that best describes the frequency of use during the past month of the substance listed as the secondary alcohol/drug problem (in item 19). If the secondary alcohol/drug problem is 22 (none), leave this box blank.

Codes

- 1 No past month use**
- 2 1-3 times in past month**
- 3 1-2 times per week**
- 4 3-6 times per week**
- 5 Daily**

ITEM 22
AGE OF FIRST USE OR ALCOHOL INTOXICATION

Primary:

Enter the age of the participant when he/she first used the substance identified under primary alcohol/drug problem in item 19. If the primary alcohol/drug problem is alcohol, enter the participant's age when he/she first became intoxicated. The age of first use must be at least five to be considered a voluntary use of the substance.

Secondary:

Enter the age of the participant when he/she first used the substance identified under secondary alcohol/drug problem in item 19. If the secondary alcohol/drug problem is alcohol, enter the participant's age at first intoxication. If the secondary alcohol/drug problem is none (22), leave this box blank.

ITEM 23
HAS THIS PARTICIPANT USED NEEDLES DURING THE PAST 12 MONTHS?

ENTER 1 for yes

ENTER 2 for no. This question relates to the illicit use of needles to administer any drug. Legitimate medical use alone would not apply.

Note: If the response to admission item 20 (Usual Route of Administration) is code 4 (Injection), and the response to item 21 (Frequency of Use) is greater than 1, the answer to this question must be “yes”.

ITEM 24
SPECIAL SERVICES/CONTRACT

Leave these boxes blank unless you have been instructed by ADP to use a special services/contract code.

Use of this item will be initiated between ADP and the affected county and provider on an as-needed basis. ADP must have record of the special services/contract code on their Master Provider File before it can be used.

This item is designated for use when the Provider ID alone is insufficient for the purpose of tying participants to funds allocated. ADP will assign codes when it is necessary to identify services provided under special arrangements. One example of such arrangements would be when a county purchases services (e.g., bed days) from a provider located in a different county.

Optional Data Items (Items 25-27)

[Return to Add a New CADDSWeb Admission Transaction](#)

[Return to Add an Admission and Discharge Simultaneously](#)

The following three data items may be collected at the county's discretion or at the request of the State.

ITEM 25

HAS THIS PARTICIPANT EVER BEEN DIAGNOSED AS ALSO HAVING CHRONIC MENTAL ILLNESS?

ENTER 1 if this participant has ever been diagnosed as having chronic mental illness (in addition to alcohol/drug problems).

ENTER 2 if this participant has not been diagnosed as having a chronic mental illness.

ITEM 26

IS THIS PARTICIPANT HOMELESS?

ENTER 1 if the participant is homeless.

ENTER 2 if the participant is not homeless. A homeless person is defined as one who lacks financial resources or community ties needed to provide for his/her own adequate shelter. Homeless persons live in public and private emergency shelter, in the streets, under bridges, in subways, bus terminals, airports, railroad stations, parks, and abandoned buildings; or in temporary voucher motels, hotels or apartments; or in jails or hospitals which they enter with the underlying purpose of seeking shelter.

ITEM 27

ZIP CODE OF PARTICIPANT'S CURRENT RESIDENCE

Enter the participant's current residential area ZIP code.

Do not use the provider's ZIP code.

Leave this item blank if the participant is homeless.

Coded Remarks

[Return to Add a New CADDSWeb Admission Transaction](#)

[Return to Add an Admission and Discharge Simultaneously](#)

CADDS was designed to collect only the minimum essential participant data in order to conserve the time and resources of program providers. However, the Coded Remarks section gives CADDS the flexibility to collect additional information needed by counties and to gather data for statewide special studies, when necessary.

- Boxes 1 through 23 are reserved for statewide studies; and
- Boxes 24 through 46 are available for county use, with approval from ADP.
Note: Do not write in this portion of the Coded Remarks section unless you have been directed to do so by ADP or by your County Drug or Alcohol Program Administrator.

Boxes 1 through 23

The following is a summary of the additional data items that must be reported in the Coded Remarks Section at the bottom of the CADDS Participant Record Admission or Discharge form. Use capital letters when filling in Coded Remarks Boxes.

California Department of Corrections (CDC) Parolee Projects

Boxes 1-6:

Providers who receive CDC funding for treatment and recovery services under the Parolee Services Network (PSN) or the Female Offenders Treatment Project (FOTP) will designate these participants by recording the parolee's CDC identification number in Coded Remarks Boxes 1 through 6 on the CADDS admission form. The CDC identification number is a six-digit number assigned at the time an individual enters a state correctional system; this is given to the provider by the agencies responsible for the referral and placement of parolees.

Box 7:

Enter W in coded remark box 7 to designate parolees receiving services under the Female Offender Treatment Project (FOTP).

Box 8:

Enter 1, 2 or 3 in box 8 for priority status of women being admitted in the Female Offender Treatment Project.

Veteran Status – Admission

Box 10:

Enter “1” if the participant is a veteran and “2” if the participant is not a veteran.

Perinatal Services Network (PSN) – Admission

Boxes 15 and 16:

Enter a P in box 15 and an X in box 16 for all PSN participants who are admitted for perinatal recovery and treatment services.

Medi-Cal Beneficiaries – Admission

Box 17:

Enter “Y” if the participant is a Medi-Cal beneficiary and “N” if the participant is not a Medi-Cal beneficiary. This information must be reported for all admissions, whether or not the provider is Medi-Cal certified, and regardless if Medi-Cal covers the services for which the person is being admitted.

Perinatal Services Network (PSN) – Discharge

Box 18:

Enter one of the following codes for frequency of use at discharge for all perinatal participants. These frequency of use codes are the same as those used for the corresponding admission item. The “frequency of use” at discharge refers to usage of any and all of the substances reported as problems at discharge. If a participant was at the treatment/recovery program for less than 30 days, the frequency reported at discharge should cover only the time she was in the program. This information should be gathered at the last face-to-face session with the participant.

Codes

- | | |
|---|-------------------------|
| 1 | No past month use |
| 2 | 1-3 times in past month |
| 3 | 1-2 times per week |
| 4 | 3-6 times per week |
| 5 | Daily |

CalWORKS Recipients – Admission

Box 22:

Enter "Y" if the participant is a CalWORKS recipient and "N" if the participant is not a CalWORKS recipient.

Box 23:

It is necessary to complete this box for all participants admitted to your treatment/recovery program. Enter "Y" if substance abuse treatment is part of this CalWORKS recipient's Welfare-to-Work Plan. Enter "N" if substance abuse is not part of the CalWORKS recipient's Welfare-to-Work Plan. IF THE RESPONSE IN BOX 22 IS "N" THE RESPONSE IN BOX 23 MUST BE "N".

Appendix B DISCHARGE ITEM DESCRIPTIONS

[Return to CADDS Hardcopy Discharges](#)

[Return to CADDSWeb Discharges](#)

[Return to Adding a CADDSWeb Discharge to an Existing Record](#)

[Return to Add an Admission and Discharge Simultaneously](#)

This appendix describes the business rules for completing discharge items 28 through 32.

Discharge Items 28 Through 32

ITEM 28

DATE OF DISCHARGE

For hardcopy participant record forms:

Enter the date of discharge as MMDDYY.

For CADDSWeb entries:

Enter the date of discharge as MMDDYYYY, with a four-digit year.

The date of discharge is the date of the participant's last direct recovery service at this facility. Telephone contacts are not considered a direct service. For NTP clients only, the discharge date should be considered the last billable service treatment date, which includes the last day for which clients receive take-home medication dosages.

A participant is no longer active when one of the following applies:

- It is known that the participant will not be continuing in recovery services because he/she has completed the program;
- The participant has stated his/her intention to discontinue program participation;
- The participant has been incarcerated;
- The participant has moved out of the area;
- The provider has dismissed the participant;
- The participant has died;

- Non-residential / Outpatient Services: The participant has not had at least one face to face service within the last 30 days;
- Residential or Day-Program Services: The participant has been absent from his/her residential or day program services without leave for seven consecutive days.

- Methadone Detoxification: The participant has missed appointments for three or more consecutive days without notifying the program.
Methadone Maintenance: The participant has missed appointments for two weeks or more without notifying the program

ITEM 29
DISCHARGE STATUS

Enter the code which best describes the participant's status in relation to his/her recovery plan or treatment goals at the time of discharge.

Code

- 1 Completed treatment/recovery plan and/or goals**
The participant has successfully completed his/her recovery plan and has met the major goals set forth in that plan. The participant is not being referred or transferred to any other alcohol or drug program.
- 2 Left before completion with satisfactory progress**
The participant did not complete the program, but was in recovery services long enough to (in the judgment of the provider's staff) have made significant progress toward achieving the goals set forth in his/her recovery plan. This participant is not being referred or transferred to any other alcohol or drug program.
- 3 Left before completion with unsatisfactory progress**
The participant has dropped out of or has been dismissed from recovery services at this facility.
- 4 Referred or transferred for further drug/alcohol treatment/recovery.**
The participant has been referred or transferred to another program or facility to continue recovery services.

ITEM 30
EMPLOYMENT STATUS

Enter the code that describes the participant's current employment status at the time of discharge. For definitions of the following codes, please refer to page 72, [Item 8](#).

Code

- 1 Employed full time** (35 or more hours/week)
- 2 Employed part time** (more than 5 hours and less than 35 hours/week)
- 3 Unemployed** (looking for work)
- 4 Not in the labor force** (not seeking employment)

ITEM 31

ALCOHOL/DRUG PROBLEM (at discharge)

Using the codes and descriptions listed for [Item 19](#), page 81 enter the participant's alcohol/drug problems at discharge. These codes may or may not be the same as at the time of admission.

Primary

Enter the code for the substance that has been determined to cause the greatest dysfunction to the participant at the time of discharge. If there is only one problem, it is automatically primary.

Secondary

Enter the code for the substance that has been determined to cause the second greatest dysfunction to the participant at the time of discharge. If none enter 22.

Tertiary

Enter the code for the substance that has been determined to cause the third greatest dysfunction to the participant at the time of discharge. If none enter 22.

ITEM 32

WAS THIS PARTICIPANT PREGNANT ANYTIME DURING THIS TREATMENT/RECOVERY EPISODE?

ENTER 1 if the participant is known to have been pregnant at any time between the date of admission and the date of discharge recorded on this form; regardless of the outcome of the pregnancy.

ENTER 2 if the participant is a male;

-OR-

if the participant was not pregnant at any time during this treatment/recovery episode.

Note: **For CADDSSWeb Users:** The system will automatically enter "No" in this field if the participant is male.